



**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS A :**

Bid Receiving/Réception des soumissions
Procurement & Contracting Services
Bid Receiving Unit
5th Floor, 10065 Jasper Avenue NW
Edmonton, AB T5J 3B1

**SOLICITATION
AMENDMENT**

**MODIFICATION DE
L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments: - Commentaries :

THIS DOCUMENT CONTAINS A SECURITY REQUIREMENT

LE PRÉSENT DOCUMENT COMPORTE UNE EXIGENCE EN MATIÈRE DE SÉCURITÉ

Title – Sujet Psychologist Services for the RCMP 'K' Division in Edmonton, AB and 'G' Division, Yellowknife, NWT.		Date 2014-09-17
Solicitation No. – N° de l'invitation M500051893		Amendment No. – N° de la modification 003
Client Reference No. - No. De Référence du Client		
Solicitation Closes – L'invitation prend fin		
At / à :	14 :00	MDT
On / le :	September 30, 2014	
F.O.B. – F.A.B	GST – TPS	Duty – Droits
Destination of Goods and Services – Destinations des biens et services Royal Canadian Mounted Police 'K' Division Health Services 11140 – 109 Street Edmonton, AB T5G 2T4		
Instructions		
Address Inquiries to – Adresser toute demande de renseignements à Sylvia Hicks, A/Senior Contracting Officer Sylvia.hicks@rcmp-grc.gc.ca		
Telephone No. – No. de téléphone 780-670-8634		Facsimile No. – No. de télécopieur

Vendor/Firm Name, Address and Representative – Raison sociale, adresse et représentant du fournisseur/de l'entrepreneur:	
Telephone No. – No. de téléphone	Facsimile No. – No. de télécopieur
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) – Nom et titre de la personne autorisée à signer au nom du fournisseur/de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date



This amendment is raised to address the following:

- Add the defining criteria to determine the Total Cost Value to be used in the financial bid evaluation.

Delete:

ANNEX B

BASIS OF PAYMENT

Name of Contractor or Firm: _____

Address: _____

Business # or SIN #: _____

Contact: _____

Phone number: _____ Fax number _____

Email: _____

Former Public Servant: **YES** ____ **NO** ____

Financial Bid:

The financial bid shall be a firm all-inclusive price, GST/HST extra, if applicable.

A. Initial Period – Date of Contract Award to January 31, 2017

Psychologist	Estimated Level of Effort (hours)	Firm Hourly Rate – Initial Period	Total Cost
Psychologist Services	2080	\$	\$

B. Option Period 1 – February 1, 2017 – January 31, 2018

Psychologist	Estimated Level of Effort (hours)	Firm Hourly Rate – Option Period 1	Total Cost
Psychologist Services	1040	\$	\$

C. Option Period 2 – February 1, 2018 – January 31, 2019

Psychologist	Estimated Level of Effort (hours)	Firm Hourly Rate – Option Period 2	Total Cost
Psychologist Services	1040	\$	\$



Estimated number of hours available to provide service per week: _____

Definition of a Day:

A work day is defined as 7.5 hours of work, exclusive of meal breaks. Payment will be made for hours actually worked, with no provision for overtime, annual leave, statutory holidays and sick leave.

GST/HST

All prices and amounts of money in the Contract are exclusive of Goods and Services Tax (GST) or Harmonized Sales Tax (HST), unless otherwise indicated. If the GST is applicable, it is extra to the price and must be shown as a separate line item herein and will be paid by Canada.



ADD:

ANNEX B**BASIS OF PAYMENT**

Name of Contractor or Firm: _____

Address: _____

Business # or SIN #: _____

Contact: _____

Phone number: _____ Fax number _____

Email; _____

Former Public Servant: **YES** ____ **NO** ____**Financial Bid:**

The financial bid shall be a firm all-inclusive price, GST/HST extra, if applicable.

The Firm Hourly Rate entered below for the Initial Period, Option Period 1 and Option Period 2 will be added together and the total will be divided by 3 to obtain an average rate. The average rate will be used in the financial evaluation.

A. Initial Period – Date of Contract Award to January 31, 2017

Psychologist	Estimated Level of Effort (hours)	Firm Hourly Rate – Initial Period	Total Cost
Psychologist Services	2080	\$	\$

B. Option Period 1 – February 1, 2017 – January 31, 2018

Psychologist	Estimated Level of Effort (hours)	Firm Hourly Rate – Option Period 1	Total Cost
Psychologist Services	1040	\$	\$

C. Option Period 2 – February 1, 2018 – January 31, 2019

Psychologist	Estimated Level of Effort (hours)	Firm Hourly Rate – Option Period 2	Total Cost
Psychologist Services	1040	\$	\$

Estimated number of hours available to provide service per week: _____



Definition of a Day:

A work day is defined as 7.5 hours of work, exclusive of meal breaks. Payment will be made for hours actually worked, with no provision for overtime, annual leave, statutory holidays and sick leave.

GST/HST

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